

**Health Psychology Program**

**Sample Practicum Hour Tracking Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Practicum Site Hours** | Previous Cumulative | | Fall10 Semester | | Cumulative Site | | 1st week | |
| **Fall 2010 Semester** | Total Site Hours | | Total Hours | | Practicum Hrs | | Fa09 | |
| **1. Intervention Experience** |  | |  | |  | |  | |
| a. Individual Therapy | |  | |  | |  | |  |
| Older Adults (65+) | | 0 | | 0 | | 0 | |  |
| Adults (18-64) | | 0 | | 0 | | 0 | |  |
| Adolescents (13-17) | | 0 | | 0 | | 0 | |  |
| School-Age (6-12) | | 0 | | 0 | | 0 | |  |
| Pre-School Age (3-5) | | 0 | | 0 | | 0 | |  |
| Infants/Toddlers (0-2) | | 0 | | 0 | | 0 | |  |
| b. Career Counseling | |  | |  | |  | |  |
| Adults | | 0 | | 0 | | 0 | |  |
| Adolescents | | 0 | | 0 | | 0 | |  |
| c. Group Counseling | |  | |  | |  | |  |
| Adults | | 0 | | 0 | | 0 | |  |
| Adolescents (13-17) | | 0 | | 0 | | 0 | |  |
| Children (12 and under) | | 0 | | 0 | | 0 | |  |
| d. Family Therapy | | 0 | | 0 | | 0 | |  |
| e. Couples Therapy | | 0 | | 0 | | 0 | |  |
| f. School Counseling Interventions | |  | |  | |  | |  |
| 1. Consultation | | 0 | | 0 | | 0 | |  |
| 2. Direct Intervention | | 0 | | 0 | | 0 | |  |
| 3. Other | | 0 | | 0 | | 0 | |  |
| g. Other Psychological Interventions | |  | |  | |  | |  |
| 1. Sports Psych/Perf. Enhancement | | 0 | | 0 | | 0 | |  |
| 2. Medical/Health-Related | | 0 | | 0 | | 0 | |  |
| 3. Intake Interview/Structured Interview | | 0 | | 0 | | 0 | |  |
| 4. Substance Abuse Interventions | | 0 | | 0 | | 0 | |  |
| 5. Consultation | | 0 | | 0 | | 0 | |  |
| 6. Other Interventions (e.g., tx planning w/ patient) | | 0 | | 0 | | 0 | |  |
| h. Other Psych Experience with Students and/or Organ. | |  | |  | |  | |  |
| 1. Supervision of other students | | 0 | | 0 | | 0 | |  |
| 2. Program Development/Outreach Programming | | 0 | | 0 | | 0 | |  |
| 3. Outcome Assessment of programs or projects | | 0 | | 0 | | 0 | |  |
| 4. Systems Interv./Org. Consult/Perf. Improvement | | 0 | | 0 | | 0 | |  |
| 5. Other (specify: ) | | 0 | | 0 | | 0 | |  |
| **TOTAL INTERVENTION HOURS 1(a-h)** | | **0** | | **0** | | **0** | | **0** |
|  | |  | |  | |  | |  |
| **2. Psychological Assessment Experience** | |  | |  | |  | |  |
| 1. Psychodiagnostic test administration | | 0 | | 0 | | 0 | |  |
| 2. Neuropsych Assessment | | 0 | | 0 | | 0 | |  |
| 3. Other (specify: \_\_\_\_\_\_\_\_) | | 0 | | 0 | | 0 | |  |
|  | |  | |  | |  | |  |
| **3. Supervision Received** | |  | |  | |  | |  |
| a. Individual Supervision by Licensed Psychologist | | 0 | | 0 | | 0 | |  |
| b. Group Supervision by Licensed Psychologist | | 0 | | 0 | | 0 | |  |
| c. Indiv. Sup. by Licensed Allied Ment. Health Professional | | 0 | | 0 | | 0 | |  |
| d. Group Sup. by Licensed Allied Ment. Health Professional | | 0 | | 0 | | 0 | |  |
| e. Other Superv. (e.g., advanced grad student) - Indiv. | | 0 | | 0 | | 0 | |  |
| f. Other Superv. (e.g., advanced grad student) - Group | | 0 | | 0 | | 0 | |  |
| **TOTAL SUPERVISION HOURS - INDIVIDUAL** | | **0** | | **0** | | **0** | | **0** |
| **TOTAL SUPERVISION HOURS - GROUP** | | **0** | | **0** | | **0** | | **0** |
|  | |  | |  | |  | |  |
| **4. Support Activities\*\*** | |  | |  | |  | |  |
| **TOTAL SUPPORT ACTIVITIES** | | **0** | | **0** | | **0** | | **0** |
|  | |  | |  | |  | |  |
| \*\* includes case conferences; case management; consultation; didactice training/seminars; progress notes; | | | | | | | |  |
| chart review; psych assessment scoring, interpretation, and report-writing; video/audio recording review | | | | | | | |  |
|  | |  | |  | |  | |  |
| Please note that this form changes a bit every year to fit the most current copy of the internship application form (i.e., the AAAPI). | |  | |  | |  | |  |